FORM D

SEC Mail Proc ssir.9

Section

JUL 01 2008

Mashington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1439/89 OMB APPROVAL

OMB Number:

3235-0076

Serial

Expires:

Prefix

Estimated average burden

hours per response 16.00

SEC USE ONLY

DATE RECEIVED

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
|---|--|
| Capehart Ventures LLC Private Placement | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(| 6) ULOE |
| Type of Filing: New Filing Amendment | |
| • • • • | LIDEAN ARIEL IRM REVEL BINER WILL BILL FULL FILL FULL FILL FULL FILL FULL FU |
| A. BASIC IDENTIFICATION DATA | |
| Enter the information requested about the issuer | (Mill) Mill (Mill) Pair (mill) Bar (mill) Pair (mill) |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Capehart Ventures LLC | 08053464 |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| c/o POKO Partners, 225 Westchester Avenue, Port Chester, NY 01573 | (914) 937-5152 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| (if different from Executive Offices) | |
| Same | Same |
| Brief Description of Business | |
| Investment in real estate | |
| | |
| Type of Business Organization | |
| | (please specify): Limited Liability Company |
| ☐ business trust ☐ limited partnership, to be formed | DDOCECCED |
| Month Year | PROCESSED— |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State | |
| CN for Canada; FN for other foreign jurisdiction) | THOMSON DEUTEDS |

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

| | | A. BASIC IDE | NTIFICATION DATA | | |
|--|-------------------------|---------------------------------------|---------------------------------|-------------------------|--------------------------------------|
| 2. Enter the information requ | ested for the follow | ing: | • ' | | |
| Each promoter of the | e issuer, if the issuer | has been organized within th | ne past five years; | | |
| Each beneficial own | er having the power | to vote or dispose, or direct t | the vote or disposition of, 10% | 6 or more of a class of | f equity securities of the issuer. |
| Each executive offic | er and director of co | rporate issuers and of corpor | ate general and managing par | tners of partnership i | ssuers; and |
| Each general and ma | maging partner of pa | artnership issuers. | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if in POKO Cape Loom Managers L | | | | | |
| Business or Residence Address c/o POKO Partners, 225 Westch | | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if in | ndividual) | · · · · · · · · · · · · · · · · · · · | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | • | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if it | ndividual) | | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if it | ndiviđual) | <u>.</u> | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if in | ndividual) | | | • | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if in | ndividual) | | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if it | ndividual) | | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | | | |
| | (Lise | blank sheet, or conv and use | additional copies of this sheet | as necessary) | |

| | B. INFORMATION ABOUT OFFERING | | | | | | | | |
|--------------------|---|----------------------|-------------|--|--|--|--|--|--|
| | | Yes | No | | | | | | |
| 1. | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | \boxtimes | | | | | | |
| 1 | Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual? | \$None | | | | | | | |
| 2. | 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | |
| 3. | Does the offering permit joint ownership of a single unit? | Yes ⊠ | No □ | | | | | | |
| 4. | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NOT APPLICABLE | | | | | | | | |
| Full | Name (Last name first, if individual) | | | | | | | | |
| Bus | iness or Residence Address (Number and Street, City, State, Zip Code) | <u>.</u> | | | | | | | |
| Nar | ne of Associated Broker or Dealer | | | | | | | | |
| Stat | es in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | |
| | (Cheek "All States" or check individual States) | | States | | | | | | |
| IL M RI | IN IA KS KY I.A ME MD MA MI MN MS T NE NV NH NJ NM NY NC ND OH OK OR | MO PA PR | | | | | | | |
| Full | Name (Last name first, if individual) | | | | | | | | |
| Bus | siness or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| Nar | ne of Associated Broker or Dealer | | | | | | | | |
| Stat | tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | |
| | (Cheek "All States" or check individual States) | ☐ All | l States | | | | | | |
| AI II M R | IN IA KS KY LA ME MD MA MI MN MS T NE NV NH NJ NM NY NC ND OH OK OR | MO PA PR | | | | | | | |
| Ful | Name (Last name first, if individual) | | | | | | | | |
| Bus | siness or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| Nar | me of Associated Broker or Dealer | | · · · · · · | | | | | | |
| Stat | tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | |
| _ | (Cheek "All States" or check individual States) | | States | | | | | | |
| II M R | IN IA KS KY LA ME MD MA MI MN MS T NE NV NH NJ NM NY NC ND OH OK OR | ID MO PA PR |] | | | | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US | E OF PROCE | EDS | |
|----|---|---------------------------|-------------|--------------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | k | | |
| | Type of Security | Aggregate Offering Pri | | Amount Already Sold |
| | Debt | \$0 | | \$0 |
| | Equity | | | \$0 |
| | □Common □ Preferred | | | |
| | Convertible Securities (including warrants) | \$0 | | \$0 |
| | Partnership Interests | | | \$0 |
| | Other (Specify Limited Liability Company Membership Interests) | \$700,001 | | \$700,001 |
| | Total | | | \$700,001 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | e | | |
| | | Number Investors | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 5 | | \$700,001 |
| | Non-accredited Investors | 0 | | \$ <u>0</u> |
| | Total (for filings under Rule 504 only) | 5 | | \$700,001 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1 NOT APPLICABLE | e | | |
| | Type of Offering | Type of Security | | Dollar Amount Sold |
| | | · | | |
| | Rule 505 | | | \$ |
| | Regulation A | | • | \$ |
| | Rule 504 | | | \$ |
| | Total | | | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate. | : | | |
| | Transfer Agent's Fees | ••••• | | \$ |
| | Printing and Engraving Costs | | | \$ |
| | Legal Fees | | \boxtimes | \$10,000 |
| | Accounting Fees | | | \$ |
| | Engineering Fees | ********** | | \$ |
| | Sales Commissions (specify finders' fees separately) | | | \$ |
| | Other Expenses (identify) | ••••• | | \$ |
| | Total | ****** | \boxtimes | \$ 10,000 |

| | C. OFFERING PRICE, NUMBER OI | F INVESTORS, EXPENSE | S AND USE OF PRO | CEEDS | | |
|-----|--|---|-----------------------|---------------------------------------|-------------|--------------------|
| | b. Enter the difference between the aggregate offering Question I and total expenses furnished in response to Part 6 "adjusted gross proceeds to the issuer." | C — Question 4.a. This diff | erence is the | \$_ | 69 | 90,00 <u>1</u> |
| 5. | Indicate below the amount of the adjusted gross proceed to the each of the purposes shown. If the amount for any purpose check the box to the left of the estimate. The total of the gross proceeds to the issuer set forth in response to Part C— | e is not known, furnish an payments listed must equal | estimate and | | | |
| | | | Öffi Direc | ents to cers, tors, & liates | | ments to Others |
| | Salaries and fees | | 🗆 \$ | | \$ | |
| | Purchase of real estate | | 🗆 \$ | | S | |
| | Purchase, rental or leasing and installation of machinery | | | | | |
| | and equipment | | s | | \$ | |
| | Construction or leasing of plant buildings and facilities | | S | | □ \$ | |
| | Acquisition of other businesses (including the value of securi offering that may be used in exchange for the assets or securi | | | | | |
| | issuer pursuant to a merger) | | S | | □ \$ | |
| | Repayment of indebtedness | | 🗆 \$ | | S | |
| | Working capital | | s | | S | |
| | Other (specify): Acquisition and construction of property; we | orking capital | 🗆 \$ | | ⊠ \$ | 690,001 |
| | Column Totals | | | | ⊠ \$ | 690,001 |
| | Total Payments Listed (column totals added) | | ······ | \$ | 690,001 | |
| _ | D. Fl | EDERAL SIGNATURE | | | | |
| sig | e issuer has duly caused this notice to be signed by the under nature constitutes an undertaking by the issuer to furnish to to formation furnished by the issuer to any non-accredited investor | the U.S. Securities and Excl | nange Commission, upo | | | |
| Iss | uer (Print or Type) Signature | 1.1 | Date | / / | | |
| | pehart Ventures LLC | | 6, | 25/0 | 8 | |
| Na | me of Signer (Print or Type) Title of Signer | gner (Print or Type) | | | | |
| PC | OKO Cape Loom Managers LLC, Its Manager Kenneth C | Uson Authorized Person of | POKO Cape Loom Mar | agers LLC | | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | | E. STATE SI | GNATURE | | | | | | |
|-----------|---|----------------------------|----------------------------|----------------------------|-----------|-----------------|--|--|--|
| 1. | Is any party described in 17 CFR 230.262 provisions of such rule? | | Yes | No | | | | | |
| | | See Appendix, Column | 5, for state response. | | | | | | |
| 2. | The undersigned issuer hereby undertakes (17 CFR 239.500) at such times as required | | dministrator of any state | in which this notice is fi | led a no | tice on Form D | | | |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. | | | | | | | | |
| 4. | The undersigned issuer represents that the Offering Exemption (ULOE) of the state exemption has the burden of establishing the | e in which this notice i | s filed and understands t | | | | | | |
| | uer has read this notification and knows the cared person. | ontents to be true and has | duly caused this notice to | be signed on its behalf t | by the ur | ndersigned duly | | | |
| Issuer (F | Print or Type) | Signature | | Date | , | | | | |
| Capehar | rt Ventures LLC | | | 06/2 | 5/08 | 3 | | | |
| Name (F | Print or Type) | Title (Print or Type) | | <u>.</u> | | " | | | |
| РОКО (| KO Cape Loom Managers LLC, Its Manager Kenneth Olson, Authorized Person of POKO Cape Loom Managers LLC | | | | | | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | | , | Al | PPENDIX | - | | | |
|-------|--------------------------------|--|--|--------------------------------------|--|--|-------------|--|----|
| 1 | Intend to non-a investor | l to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | | · | - | | | | | |
| AK | | | | | | | | | |
| AZ | | | | | | | | | |
| AR | | | | | | | | | |
| CA | | | | | | | | | |
| со | | | | | | | | | |
| СТ | <u> </u> | | | | | | | - | |
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| LA | | | | | | | | | |
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| MD | | | | | | | | | |
| MA | | - | | | | | | | |
| MI | | | | | | | _ | | |
| MN | | | | | | - | | | |
| MS | | | | | | | | <u> </u> | |

APPENDIX Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and to non-accredited explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No MO MT NE NV NH NJ NM LLC Membership \$700,001 NY X 5 0 Interests N/A X \$700,001 NC ND OH OK OR PA RI SC SD TNTXUT VTVAWA WV

| | APPENDIX | | | | | | | | | | | |
|-------|----------------------|--|--|--|--------|--|--------|---|----|--|--|--|
| 1 | | 2 | 3 | | | 4 | | | 5 | | | |
| | to non-a investor | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | | |
| wı | | | | | | j . | | | | | | |
| WY | | | | | | | | | | | | |
| PR | | | | | | | | | | | | |

